

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Jackson

Registration District No. 399

Township..... Kaw

Primary Registration District No. 1002

City..... Kansas City

(No. General Hospital)

36756

File No.

4405

Registered No.

St.

Ward)

2. FULL NAME..... Thomas E Waters

(a) Residence, No. Leavenworth Kansas

St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 14 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

44

34

8

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hotel-Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Leavenworth Kansas

13. NAME Thomas Waters

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) La

15. MAIDEN NAME

Luella Francis

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

17. INFORMANT Ben Mathers

(ADDRESS) Leavenworth Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leavenworth Kansas DATE 10/19/37

19. UNDERTAKER

(ADDRESS)

Quirk & Tobin

Kansas City, Mo.

20. FILED 10-18

1937

M. M. Crowe, ass't Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 10-17-37, 8:15 P. M. Death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

Auto traumatism

Extra dural hemorrhage

310-11

Other contributory causes of importance:

Fracture left tibia

Name of operation

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Date of injury 10-14-37

Where did injury occur? K.C. Mo. - 12th & Locust

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W. Smith, M. D.

(Address) 2500

